

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>192</i>	<i>10080</i>	<i>6/24/50</i>
FORMALITY REVIEW	<i>122</i>	<i>10039</i>	<i>9/6/50</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
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26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
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30	✓	✓	✓
31	✓	✓	✓
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43	✓	✓	✓
44	✓	✓	✓
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47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
54	✓	✓	✓
55	✓	✓	✓
56	✓	✓	✓
57	✓	✓	✓
58	✓	✓	✓
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60	✓	✓	✓
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80	✓	✓	✓
81	✓	✓	✓
82	✓	✓	✓
83	✓	✓	✓
84	✓	✓	✓
85	✓	✓	✓
86	✓	✓	✓
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91	✓	✓	✓
92	✓	✓	✓
93	✓	✓	✓
94	✓	✓	✓
95	✓	✓	✓
96	✓	✓	✓
97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
110	✓	✓	✓
112	✓	✓	✓
113	✓	✓	✓
114	✓	✓	✓
115	✓	✓	✓
116	✓	✓	✓
117	✓	✓	✓
118	✓	✓	✓
119	✓	✓	✓
120	✓	✓	✓
121	✓	✓	✓
122	✓	✓	✓
123	✓	✓	✓
124	✓	✓	✓
125	✓	✓	✓
126	✓	✓	✓
127	✓	✓	✓
128	✓	✓	✓
129	✓	✓	✓
130	✓	✓	✓
131	✓	✓	✓
132	✓	✓	✓
133	✓	✓	✓
134	✓	✓	✓
135	✓	✓	✓
136	✓	✓	✓
137	✓	✓	✓
138	✓	✓	✓
139	✓	✓	✓
140	✓	✓	✓
141	✓	✓	✓
142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Index of Claims



Application No.

09/587,249

Examiner

Mariceli Santiago

Applicant(s)

YOSHIOKA ET AL.

Art Unit

2879

R	Rejected
=	Allowed

-	(Through numeral) Cancelled
+	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date						
Final	Original	2/2/05						
	1	=						
	2	=						
	3	=						
	4	=						
	5	=						
	6	=						
	7							
	8	R						
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	49	R						
	50	R						

Claim		Date						
Final	Original	2/2/05						
	51	R						
	52	R						
	53	R						
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	56	R						
	57	R						
	58	R						
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